## City of San Antonio Application for Appointment to the Municipal Civil Service Commission



Name:				
(Title)	(Last)		(First)	(Middle)
Mailing Address:				
(Stre	et)		(Zip Code)	
Preferred Phone and Fax: _				
	(Phone)		(F	ax)
Employer:		Оссиј	pation:	
Are you a City of San Anton	nio resident?	Yes	No	How Long?
In which City Council Distr	ict do you resid	e?	Leng	gth of residence:
determined mentally incompet convicted, has: (A) fully disch	ent by a final jud arged the person's on ordered by an	Igment of a cost sentence, income court; or (E)	ourt; (4) has no cluding any terr B) been pardon	2) is a United States citizen; (3) has not been t been finally convicted of a felony or, if so m of incarceration, parole, or supervision, or ed or otherwise released from the resulting gistered voter.)
position? Yes ("Public Office" is defined as position held is merely advised	No a position in whory in nature, it see of a government	hich you have does not cons ental agency, i	e authority to a stitute a public	candidate for any other public office or act independently of others' control. If the office. You are deemed to hold a "public of limited to, the City of San Antonio, Bexar
If yes, please list the name	of the office or	position		
or any department, commiss	sion, board or co	ommittee of t	he City withir	•
City (this includes serving a Yes	s an Administra No	tive Aide to	a Council me	irect or indirect in any contract with the mber)?
If yes, please explain				

Name:		2
Do either you, your spouse or your employer I the City of any land, materials, supplies or serv  Yes No		
If yes, please explain		
Appointment to City Boards and Commissions the ethnic makeup of the community, but also optional information.		
ETHNIC CODE:  W = Non-Minority  H = Hispanic*  * = Note that Hispanic includes all persons of Mexic Spanish culture or origin regardless of race.  B = African American  P = Asian or Pacific Islander  O = Other  I = American Indian/Alaska Native Aleutian	GENDER CODE:  M = Male  F = Female  can, Puerto Rican, Cuban, Cen	_
Do you have any litigation pending or coprofessionally, which would affect your ability YesNo  If yes, please describe:	to fulfill the functions of the	e board or commission, if selected?
Have you ever been convicted of violating any YesNo  If yes, give details. Do not include traffic viola	·	aw, regulation or ordinance?
Have you ever been hired for a position with th If yes, list the department(s), position(s), and date		No
Department:Position:	From:	To:
Reason for leaving City employment:		
Do you have any relatives (by blood or marriag		

If Yes, A. List name(s), B. relationship(s), C. department(s), and D. position(s) held:

Name:				3
A	B B	C C	D D	
BACKGROUND				
Professional:				
Volunteer Experien	ce/Community Service:			
Areas of interest:		overnmental Board/Commis		
List all Boards, Cor	mmissions, Corporations or officer and/or employ	s, Non-Profit Entities, Ager yed by, and give the title an	ncies, or other Entities of	which you
Organization: Fitle:			:	
Organization: Title:		Dates	s:	
		our reasons for seeking app nation may be attached.)	ointment to the Municipa	al Civil Service

What qualities do you possess that would make you an effective commissioner?

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What do you believe your role would be as a commissioner?	
Please note the following <u>qualifications</u> for membership to the N to Section 70 of the City Charter:	Aunicipal Civil Service Commission pursuant
1. Each member and alternate member of the Commission shall be 2. Each member and alternate member of the Commission shall be public office or position (see definitions of "public office" and "public office	neither hold, nor be a candidate for any other
In addition, please be advised that the Commission meetings Thursdays, beginning at 8:30 AM.	s are held twice a week, on Tuesdays and
I have read and understand the qualifications for membershi I of this application. The foregoing and any attached statement that any misrepresentation or omission of facts may result in my	s are true, accurate and complete; and I agree
Signature	Date

## PLEASE RETURN COMPLETED FORM TO CITY CLERK'S OFFICE FOR PROCESSING:

Office of the City Clerk
P.O. Box 839966
San Antonio, Texas 78283-3966
Fax No. City Clerk's Office - (210) 207-6938
For any questions regarding this application form, please contact (210) 207-7257.
(Original copy will be on file in the City Clerk's Office for 12 months.)

Note: All information provided herein or pursuant hereto is considered public record upon receipt.

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Members are required to abide to the City's Ethics Code and the requirement for each Board and Commission member to file a <u>Financial Disclosure Report</u> upon appointment, and annually thereafter. <u>Failure to file a Financial Disclosure report will result in the Member's automatic removal from the Commission.</u>

Name:	6	
ATTACHMENT II	(2 of 2)	
CONSENT FOR CITY TO CONDUCT A SEARCH OF CRI AND RELEASE OF PUBLIC INFORM		
I hereby state that all of the information in the Application for A further request, as a part of my Application, that all law enforce agencies release any criminal history records concerning me to Antonio in order that qualifications may be checked.	ment officials and criminal justice	
I understand that if any member of the public makes a request for information included in the Application for Appointment, most of the information must be disclosed under the Public Information Act. I understand that the City of San Antonio will attempt to maintain the confidentiality of highly private matters by seeking an Attorney General's opinion in accordance with the Public Information Act. I understand that it may not be legally possible to maintain the confidentiality of such information, and I hereby release the City of San Antonio, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Public Information Act or any other law requiring its release.		
Signature		
Sworn to and subscribed to before me by the affiant on this	day of200	

Notary Public, State of Texas

My Commission Expires:

Title